

about 50 percent of the world's tropical forests are located in four countries—Indonesia, Peru, Brazil, and the Congo—and these countries have in the aggregate over \$5 billion of U.S. debt outstanding.

The Tropical Forest Conservation Act gives the President authority to reduce or cancel U.S. A.I.D. and/or P.L. 480 debt owed by any eligible country in the world to protect its globally or regionally important tropical forests. These “debt-for-nature” exchanges achieve two important goals. They relieve some of the economic pressure that is fueling deforestation, and they provide funds for conservation efforts in the eligible country. There is also the power of leveraging—one dollar of debt reduction in many cases buys two or more dollars in environmental conservation. In other words, the local government will pay substantially more in local currency to protect the forest than the cost of the debt reduction to the U.S. Government.

For any country to qualify, it must meet the same criteria established by Congress under the EAI, including that the government has to be democratically elected, cooperating on international narcotics control matters, and not supporting terrorism or violating internationally recognized human rights. Furthermore, to ensure the eligible country meets minimum financial criteria to meet its new obligations under the restricted terms, it must meet the EAI criteria requiring progress on economic reforms.

The Tropical Forest Conservation Act is a cost-effective way to respond to the global crisis in tropical forests, and the groups that have the most experience preserving tropical forests agree. It is strongly supported by The Nature Conservancy, Conservation International, the World Wildlife Fund, the Environmental Defense Fund and others. Many of these organizations have worked with us very closely over the last two years to produce a good bipartisan initiative.

I am delighted that H.R. 3196 includes these funds that will be used to preserve and protect millions of acres of important tropical forests worldwide in a fiscally responsible fashion.

IN RECOGNITION OF JEFFERSON THOMAS, A MEMBER OF THE “LITTLE ROCK NINE”

HON. DEBORAH PRYCE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 9, 1999

Ms. PRYCE of Ohio. Mr. Speaker, I rise today to congratulate Jefferson Thomas, a resident of the Far East Side of Columbus, on receiving the Congressional Gold Medal. Mr. Thomas was a member of the so-called “Little Rock Nine,” a group of African-American high school students who first crossed racial barriers at Central High School in Little Rock, Arkansas forty-two years ago. President Clinton bestowed the medal on Thomas and the other eight members of the “Little Rock Nine” today in a ceremony at the White House. The Congressional Gold Medal is the nation's highest honor for a civilian. Previous recipients of the award include such notable figures as George Washington, Nelson Mandela and Rosa Parks.

In the summer of 1957, the city of Little Rock, Arkansas made plans to desegregate its

public schools. However, on September 2, the night before classes were to begin, Arkansas Governor Orval Faubus called out the state's National Guard to surround Little Rock Central High School and prevent any African-American students from entering the school. He stated that he was trying to protect citizens and property from possible violence by protesters he claimed were headed in caravans toward Little Rock. A federal judge granted an injunction against the Governor's use of the National Guard to prevent integration, and the troops were withdrawn on September 20.

When school resumed on Monday, September 23, Central High was surrounded by Little Rock policemen. Approximately one thousand people assembled in front of the school. The police escorted the nine African-American students into a side door of the building immediately before classes were to begin. Two days later, President Eisenhower dispatched the National Guard in an effort to maintain order and protect the “Little Rock Nine.” Throughout their first year at Central High School, the nine civil rights pioneers received death threats and were the subject of violent acts. Through it all, they remained stoic and focused, realizing that the eyes of the nation were upon them in their quest for equality. In May of 1958, Ernest Green became the first African-American graduate of Little Rock Central High School.

Jefferson Thomas is to be commended for his courage in the face of overwhelming adversity. Little did he know that his bravery over forty years ago would have a lasting historical impact. His determination, and that of the other members of the “Little Rock Nine,” paved the way for the desegregation of all schools, and helped make equality in education a reality for all students. Mr. Thomas is truly a source of inspiration to the citizens of Ohio and the rest of our nation.

“NOW AND TOMORROW”

HON. PATSY T. MINK

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 9, 1999

Mrs. MINK of Hawaii. Mr. Speaker, I am inserting an article by Sally-Jo Keala-o-Ānuenue Bowman that tells the story of one recipient of a Native Hawaiian Health Scholarship, which is funded by Congress under the 1988 Native Hawaiian Health Care Act. This article provides compelling testimony on the value of this important program.

[From Island Scene (Summer 1999)]

NOW AND TOMORROW: A HAWAIIAN SOCIAL WORKER IN WAI'ANAE BRINGS TOGETHER HER WORK AND CULTURE

(By Sally-Jo Keala-o-Ānuenue Bowman)

Wai'anae Valley. A breeze through the crimson bougainvillea at Kahumana Residential Treatment Center offsets the noon-time sun.

In the parking lot, even before Julie Ann Lehuanani Oliveira opens her car door, Kenneth Panoke waves to her, and his sun-browned Hawaiian face breaks into a puka-toothed grin. Oliveira, 28, is young enough to be his daughter.

But he meekly follows her into the main building, rubber slippers slap-slapping the tile floor. He holds her hand while she talks with the center's medical director. Later he

clears her lunch plate when she finishes an informal conference.

Social worker Oliveira is on her Wai'anae rounds. Panoke, who has bipolar disorder, is glad to tag along. They're old friends from 1993, when he was a State hospital patient and she was a practicum student from the University of Hawai'i School of Social Work. Panoke had been in and out of the State hospital all his adult life.

Neither Panoke nor Oliveira is from Wai'anae, but this Leeward O'ahu community with its entrenched reputation for the classic Hawaiian problems of poverty, drugs, crime, and life-threatening diseases, offers Oliveira a chance to serve her own people. To Panoke, Wai'anae is a place to heal.

Oliveira's road to social work started on Maui, where she grew up in a Hawaiian-Portuguese family. Because her mother, Hazel Makahilahila Oliveira, was widowed at age 26, she counseled her five daughters to excel in school so they could be independent. Oliveira had known since she was 8 that she would join a helping profession. She earned a bachelor's degree in business administration before earning a master's in social work from the University of Hawai'i to be able to provide both direct and administrative services.

Her father's uncle, Lawrence Oliveira, was like a grandfather to Oliveira. When Uncle Lawrence was dying in Hāna in 1997, he told Oliveira to promise him she'd return home and take care of her community, her people. “We talk about how Hāna is so small that everyone knows each other, and the people have a hard time talking about their troubles. He told me that's where I could help.”

These views meshed with the idea behind the Native Hawaiian Health Scholarship Program, which fully funded Oliveira's master's degree.

The goal of the scholarship program is to train Hawaiians to treat Hawaiians. The hope is that scholarship grads will return to work in their home communities.

The health of Hawaiians as a people is not good. They have the highest rates of diabetes and heart disease, and the lowest life expectancy of any ethnic group in Hawai'i. One contributing factor is that sometimes, because of cultural differences, Hawaiians are reluctant to seek health care. Hawaiian physicians and other health care workers help open the door, especially when these professionals grew up in those communities. That's why priority is given to applicants from under-served areas with large Hawaiian populations, such as Hāna, Wai'anae, and Moloka'i.

The scholarship program, federally funded through the 1988 Native Hawaiian Health Care Act, has awarded 82 full scholarships since 1991. In exchange, recipients—doctors, dentists, nurses, dental hygienists, social workers, public health educators, clinical psychologists, nurse midwives—promise to work in a Hawaiian community one year for each year of their professional training. Eight have stayed in their jobs beyond the required time, some in their home communities.

Oliveira remained in Wai'anae when she finished her obligation in 1977 at Hale Na'au Pono, the Wai'anae Coast Community Mental Health Center.

She began at the mental health center as a clinician in 1995, soon becoming head of the Adult Therapy Division. There, she recruited four other scholarship recipients—a move that boosted mental health service in Wai'anae and bounded the new professionals in their mission to help fellow Hawaiians.

“The most beneficial part of the scholarship is not the financial assistance, but the networking with other students and having encouraging mentors,” Oliveira says. “I